

United States Bankruptcy Court _____ District of <u>IDAHO</u>		PROOF OF CLAIM
In re (Name of Debtor) COMMUNITY HOME HEALTH INC		Case Number 98-02141 JDP
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "Request" for payment of an administrative expense may be filed pursuant to 11 U. S. C. § 503.		
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> AT&T CAPITAL LEASING SERVICES, INC.	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and Address Where Notices Should be Sent AT&T Capital Leasing Services, Inc. 550 Cochituate Road Framingham, MA 01701 ATTN: Bankruptcy Manager Telephone No. (508)620 - 0099	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 484024 529888 573271 602374		<input type="checkbox"/> replaces Check here if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
1. BASIS FOR CLAIM: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> X Other (Describe briefly) LEASE OF MACHINERY AND /OR EQUIPMENT </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U. S. C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div> </div> </div>		
2. DATE DEBT WAS INCURRED: various dates	3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. This is an unsecured nonpriority claim arising out of 1.) prepetition arrearages under a lease and 2.) damages in the event of a rejection of such lease. The amount of the claim is as follows: <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Prepetition Arrearages \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Rejection Damages* \$ <u>29,413.23</u> </div> <div style="display: flex; justify-content: space-between;"> Total Claim \$ <u>29,413.23</u> </div> <p style="font-size: small;">*This amount is an approximate amount and is contingent upon rejection of the lease. This amount does not take into account the value of the leased machinery and/or equipment. Claimant holds legal title to such machinery and/or equipment. [Claimant has perfected a security interest in the leased machinery and/or equipment as a precaution and reserves its right to assert a secured claim to the extent of the value of the equipment and an unsecured claim for any deficiency.]</p>		
5. NO WAIVER: Nothing contained herein is intended to be a waiver of any claimant's rights, including but not limited to its right to assert an administrative claim for unpaid post - petition lease payments.		
6. CREDITS AND SETOFFS: <i>Except as set forth above</i> , the amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
7. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 8-3-98	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="text-align: center;"> Barbara Wetzstein Bankruptcy Manager </div>	

U.S. COURTS

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U. S. C. §§ 152 and 3571.

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